

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **6604**  
Registrar's No. **1920**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1920</b>	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4723 Thrush Av</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>23 -- 2104 Allen Av</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margareth</b> b. (Middle) <b>Patzold</b> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 26 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug 6 1861</b>		9. AGE (in years last birthday) <b>88</b>		10. IF UNDER 1 YEAR Months <b>6</b> Days <b>20</b> Hours <b>0</b> Min. <b>0</b>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Union Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13a. FATHER'S NAME <b>John Jenny</b>		13b. MOTHER'S MAIDEN NAME <b>Verona Tchudy</b>		14. NAME OF HUSBAND OR WIFE <b>Frank (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Dolores Stengel</b> ADDRESS <b>4723 Thrush Av</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Feb 13</b> , 19 <b>50</b> , to <b>Feb 26</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Feb 26</b> , 19 <b>50</b> , and that death occurred at <b>5:40 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. W. Knapp D.O.</b>		(Degree or title) _____		23b. ADDRESS <b>4981 1/2 Thrush ave</b>		23c. DATE SIGNED <b>2/27/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/29/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REG'D BY LOCAL REG. <b>FEB 27 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Loefer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Morgan Funeral Home</b>		ADDRESS <b>1926 Allen Av</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Dale A. Stamm

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.